

# KSC VISITOR TAA REQUEST

Fax No. 867-4854

Mail Code: KSC Badging Office

Phone No. 867-7763

Name (last, first, mi) \_\_\_\_\_

SSN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company Name \_\_\_\_\_

TAA Type: Yellow-Unescorted (needs PRP) \_\_\_\_ Pink-Escorted ☒

TAA list numbers requested 10-13, 20-22, 23-24, 25, 67

Date of Visit: Start Date 4-22-2010 End Date 4-22-2010

Name (last, first, mi) \_\_\_\_\_

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## Badging Official Information

Badging Authority Name (printed) \_\_\_\_\_

Badging Authority Company (printed) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Other No. \_\_\_\_\_

Badging Authority Signature \_\_\_\_\_

**NOTICE** Privacy Act 1974 PL 93-579

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